soiled. On removing it the cord will usually be found completely separated, otherwise a similar dressing should be reapplied. I have obtained very satisfactory results with this method of treatment, although in some cases it appears to prolong unduly the separation of the cord. After the cord has sloughed off the granulating umbilicus should be treated in the same manner, and the child should not receive another tub bath until it is completely healed, nor should the umbilical dressings be contaminated.

"In 1900 Dr. W. M. Dabney, one of my assistants, performed a series of experiments in the hope of determining the best method of dealing with the cord. He treated several series of cases, respectively, with the following dressings: boric acid, salicylic acid, a mixture of salicylic acid and starch, and a wrapping of silver foil. So far as he could see it made no difference which method was employed, provided the dressings were sterile. In still another series of cases he applied an occlusive dressing of liquid celloidin and absorbent cotton, but found that under such circumstances the cord was kept unduly moist and separation was perceptibly delayed.

"During the past few years this question has given rise to a great deal of discussion. In 1899 Dickinson recommended that the cord be completely excised where it joins the abdomen, its vessels ligated, and the wound closed by sutures. In 1900 Martin recommended that the cord be ligated close to the abdomen and cut through with red-hot scissors. Porak and others advocate compression of the cord by powerful forceps. But to my mind these procedures offer no advantage over those already in use, the important point in the treatment being not so much the method employed as the avoidance of infection by the most rigid adherence to the principles of asepsis."

THE TREATMENT OF FAMILIES IN WHICH THERE IS SICKNESS*

By LILIAN D. WALD

The treatment of disease among the poor assumes grave importance when regarded from its social, economic, and moral aspects, as well as its purely therapeutic one. The proportion of people made dependent upon the community, in the first instance, through illness, the economic waste of unhygienic and physically demoralizing conditions, and the certainty that much of the result could have been prevented are powerful

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arguments for bringing our social zeal to intelligent study of the part we are to play. That the world has profited in the past by the application of science to the elimination of wholesale ravages from certain diseases, such as typhus, smallpox, etc., are indications of the further progress we may expect. Interference by the State with child labor, provision for play and outdoor exercise, and vigilant inspection of food supplies and so forth, are examples of the general recognition of the social significance of having a well community.

The point of view for the beginner is important: a charity visitor should know that many diseases, some of them repulsive in character, are due to defective unhygienic environment and impoverished constitutions, quite beyond the individual's power to control or to escape from, more frequently than to those causes for which the individual could be held more directly responsible, such as intemperance, moral obliquity, ignorance, etc. There are numerous complications that enter into the purely professional aspect in practising among people who have not economic resources. The absence of conventional etiquette, the quick emotionalism, the difficulty of adjusting and adapting the needs—often the whims—of the patient and the patient's friends to reasonable or arbitrary regulations of institutions of an eleemosynary character, any one who has had experience can testify to. On the other hand, rightly used, the opportunity to establish satisfactory relations with the family when illness has been the occasion of summoning the visitor cannot be equalled.

WHEN AND HOW TO GET A DOCTOR.

Let us assume that you have been called to a family where there is illness. In my opinion, all investigation should be postponed until inquiry relevant to the patient has been made and you have shown that you are ready to listen to the history of the ailment and are desirous of securing relief for the patient. Questions must be asked to enable you to find out what medical care has been given. It would probably be an unusual thing, and quite accidental, that a non-professional should be called to a case requiring instantaneous action, as an emergency case from the hospital point of view alarms a neighborhood and something has happened, usually numerous somethings, before the charity visitor can be reached. But a charity visitor might be called where there is distinct illness and where no medical attention has been given. The first action would be to sit down to hear the recital of the patient, or, if the patient is too weak to give it herself, of some one person who may possess calmness and intelligence. The family physician among the very poor is rarely known, but in the foreign quarters the lodge doctor, the benefit society doctor, or the club doctor take his place. If the patient has had

no physician, find out if there is such connection, remembering to ask under what conditions he may be called in, as the weekly or yearly dues paid in to such a society for the doctor's services usually exclude surgical or obstetrical care. If there is no such provision, the visitor should be familiar with the free doctors connected with dispensaries. A friendly, "Shall I see the doctor for you and ask him to call?" establishes your own readiness to serve from the patient's point of view. In New York many dispensary regulations forbid the physician answering a call from any but the nurse or a member of the family, and in one, at least, where the rule is rigid, that none but application from the family will be responded to. Here the slight service of writing the note and explaining so far as you can the nature of the illness will facilitate the member of the family who may be sent.

The doctor summoned to attend the case properly demands consideration. The doctors rightly complain that their work is much hampered, and sometimes embittered, by the fact that the patients who pay nothing, or very little, request doctors from the various agencies to visit, and we cannot wonder at the lack of professional concern when professional respect has not been accorded them. You might ask if there is a doctor, and a denial might mean that none has seen the patient that day. Very often as many as nine or ten have been called in, and all but the dispensary doctor paid. "Can I see your medicine?" and proper questioning into the condition of the patient will usually bring forth the whole story. The fact that there have been many physicians, no one of whom is taking the responsibility, is, of course, no reason for not securing another, but your influence should be brought to bear upon the patient and the family to give the doctor confidence and a chance to effect his treatment. If there has been a doctor, learn what he has ordered and if his instructions are being carried out. If the prescriptions have not been filled, and this is often the case, because there is no credit in the drug-store and the patient may be waiting for the wage-earner's return at night, take the prescription, have it filled, and relieve the immediate pressure.

You may find that the bed is full of crumbs, and that the room generally is untidy or close and the odor unpleasant. After you have performed some slight service that brings recognition of your personal concern, the chances are that the patient will be grateful to have the bed straightened, the pillows smoothed, the room tidied, and even the children's faces washed, whereas, if you go in and make it apparent immediately that you perceive the air to be bad, that you do not approve of all the children lying upon the bed with the sick mother, that you wish to educate and reform, you will not be able to approach the matter of

close air, dirt, and disorder without hurt feelings and bad temper. It is remarkable how sensitive and irascible your patient may be under criticism if such an impression is made at first, and how tenderly appreciative the same woman can be if you have first established yourself as having sympathy for her sickness, and understanding of her problem as she sees it.

It is inevitable that the flock of neighbors will appear, drawn by curiosity, idleness, interest, or sympathy. It is necessary to firmly dismiss the curious and idle, but you should accept the assistance of any intelligent person, who may be required to explain many things. This, of course, if her condition be such as to prevent your getting the information directly from the patient herself or from an adult member of the family. Remember, however, not to ask questions that may affect the pride of the family, as, usually, appearances are kept up for the neighbors, and injury would be inflicted if the neighbors were taken too freely into confidence. There may be no family or lodge physician, or it may be Sunday or a legal holiday, when the free visiting physician cannot be reached, and you may be obliged to call upon a physician, there are such in every community, to make at least one call of investigation. In all cases a conference with the physician, whether employed by the family before you come or one secured by yourself, is advisable, that you may obtain accurate instruction as to nourishment, treatment, whether the case is a hospital one, etc. You will probably in this interview realize whether or not he is concerned about the social aspects of the case, whether he has considered the treatment prescribed (hospital or other) in an "all-round way," that is, taking in the circumstances, the drain upon the family, etc.

WHEN AND HOW TO GET A NURSE.

A patient in bed is indication for the need of the nurse. A district nurse is usually accessible and is hampered by less rules. She should be familiar with the most immediately available resources, the nature and limitation of the various services that could be called for. Nurses attached to dispensaries are for the assistance of the visiting physician connected therewith, and in a way are not of service to the general community, excepting as through the employment of that particular doctor. In Baltimore, Washington, Philadelphia, Cleveland, Chicago, New York, and numerous other cities there are district nurses who answer calls from any physician, or who will go at the request of a charity visitor, and who should have enough experience to know whether the illness is grave enough to call in a physician.

The nurse also is entitled to consideration. She is sometimes thoughtlessly asked to go to a patient who really does not require her

services. It is interesting that the people themselves appear to have better judgment in this than the charity and church worker or physician often evince. A patient who is about and going out of the house or partially attending his work may properly require a physician, or dispensary or even hospital attention, but not need a nurse, and she with a full day of serious cases may mount five flights of stairs to learn that the patient is not at home. Any patient who is in bed, however, is in need of her. The advisability of removal to a hospital is dependent upon various circumstances—the condition of the patient, the nature of the disease, money affairs of the family, rooms at their disposal, duration of illness, etc. The visiting doctor or nurse can alone judge as to the suitability of the case from the hospital point of view, whether he or she can properly be regarded as a hospital case. Practically every institution has definite limitations, and special hospitals are, of course, established in all the large cities. The knowledge of the character of each should be known, that time and temper be not lost. For instance, in New York very few hospitals will take puerpural sepsis or tuberculosis, and no hospital should be asked to take a patient who has had a contagious disease or who comes from a house under quarantine. Obvious as this may seem, we have had occasion at times to warn the hospitals of patients on their way to them, this fact not having been disclosed.

WHEN TO REMOVE TO A HOSPITAL.

Typhoid fever cases, because of the difficulty of disinfecting the stools and clothing and the consequent menace to other people in the family and the tenement, should properly be sent to the hospital. It is much more frequent to have a second or third typhoid (we have known the sixth and seventh cases) develop in the same family, and comparatively unusual for diphtheria to be passed on in like degree. The duration of the illness and the necessity of absolute quiet of a typhoid patient are determining causes for hospital care.

Brain troubles, where quiet surroundings are demanded; contagious diseases that may endanger and where isolation is impossible; operations requiring aseptic conditions; fractures or injuries requiring apparatus not procurable at home,—these indicate the hospital from the nature of the disease, irrespective of the question of pressing poverty.

Very young children do not do well in hospitals, and it is a serious matter to send a nursing child unaccompanied by the mother. This should never be done unless the physician has taken the responsibility of such action and the medical authorities in the hospital understand. Older children (three years and more) do very well in hospitals and are usually happy there, despite the mother's incredulity as to this.

(To be continued.)